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APPLICANTS

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** CONTINUING DATA *****

none AB

** FOREIGN APPLICATIONS *****

none AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Andrew B. Min</i> <i>AB</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
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TITLE

Method and apparatus for treating Obstructive Sleep Apnea Syndrome

FILING FEE RECEIVED 570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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